

LETTERS

Medical students' experiences and perspectives on simulation-based education. In response to Ensor et al., 2024

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Dear Editor-in-Chief,

We read with interest the article by Ensor et al. on medical students' experiences and perspectives on simulation-based education (SBE) [1]. We would like to congratulate the authors on this valuable work. The results will be of great interest to those who deliver SBE with particular emphasis on the perceived utility of the different modalities of SBE.

We would like to seek clarification from the authors on a few points. The authors state that 'There was perceived limited utility of augmented/virtual reality trainers (25.5%, 60/235) and online simulation (20.9%, 49/235) in comparison to more tactile forms of SBE'. This is a noteworthy statement which may be quoted in the future. However, in Table 2, these figures appear to relate to participant exposure rather than the utility of these two modalities of SBE. It would be of great help if the authors could clarify or confirm this statement.

Table 2 is a vital summary of the perceived utility of the different modalities of SBE. However, our understanding is that column 1 (Participant exposure) relates to the participant exposure to that particular modality of SBE. Therefore, if this is the case, then perhaps column 3 (SBE utility-rated first preferences) might not be reflecting the true preference for each particular modality. It might appear biased to ask for feedback on a modality that the student has not been exposed to. To illustrate our point, an example is the SBE utility result of the augmented/virtual reality trainer. If our understanding is correct, 60 students were exposed to this modality and 4 rated it as first preference. Therefore, the SBE utility (rated first preference) for this should ideally be 6.7% (4/60). This could be inferred for all the figures in column 3. Similarly, column 2 SBE utility (rated first three preferences) requires further analysis but is more difficult to critique with the information provided.

Delivering medical education, particularly relating to SBE, is often limited by economic and logistical factors. For future planning, it would be useful to have accurate information on perceived SBE utility by medical students. We would be very grateful if the authors could comment on the points raised which may affect the validity of the interpretation of results in Table 2 of their article.

Declarations

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Reference

1. Ensor N, Sivasubramaniam M, Laird AJ, Roddis B, Qin KR, Pacilli M, et al. Medical students' experiences and perspectives on simulation-based education. International Journal of Healthcare Simulation 2024. doi: [10.54531/USWJ3969](https://doi.org/10.54531/USWJ3969).